

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>McL</i>		06-28-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>Am</i>	1001	8/15/01
RESPONSE FORMALITY REVIEW	<i>Am</i>	917	11-06-01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet her

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8/18  
 5/5  
 11/06/01